



Attach certified **CHECK** or **MONEY**
ORDER payable to the
Commonwealth of MA.
DO NOT SEND CASH

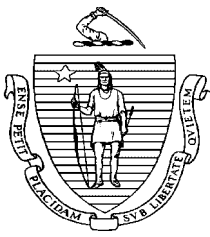
PHOTO
Photograph taken less
than 1 year prior to filing
application
Do not use staples - Paste
or cellophane tape only –
2" X 2" passport type

Board Use Only	
Number of Inspections	Total _____
Application	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
_____ Executive Director/Designee	

Applicant's Name_____

- [illegible]

Receipt No. _____



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street Boston, MA 02114
www.state.ma.us/reg/boards/hi
Board of Registration of Home Inspectors
(617) 727-4459

Associate and Permanent License Application

HOME INSPECTOR SUPERVISION VERIFICATION

Make copies and use more than one sheet if necessary. All signatures must be original. Pursuant to M.G.L 146 all statements made are subject to the penalties of perjury.

Name of Applicant _____

Name of Employer _____

Employer's Address _____
No. Street City/Town State Zip

Employed

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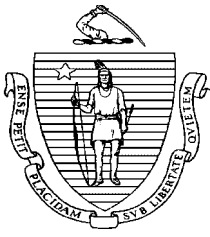
 To

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Month Day Year Month Day Year Years

Signature of Licensed Home Inspector MA License Number Date



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street Boston, MA 02114
www.state.ma.us/reg/boards/hi
Board of Registration of Home Inspectors
(617) 727-4459

Home Inspections List

Please list 25 home inspections performed under direct supervision of a Massachusetts Licensed Home Inspector.

Date	Address	Client
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
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12.		
13.		
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